

**Product-Plan Data Collection**

Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

**Highmark BCBSO Inc.**  
**76168**  
**1/1/2019**

State: **DE**  
Market: **Small Group**

**Product/Plan Level Calculations**

**Section I: General Product and Plan Information**

Product	Shared Cost EPO Basic 76168DE043										Shared Cost EPO Basic 76168DE049										Shared Cost EPO Basic 76168DE050										Health Savings EPO HAS 76168DE051									
Product ID:	Silver										Gold										Gold										Gold									
Metal:	0.717										0.818										0.774										0.785									
AV Metal Value:	0.010										0.010										0.010										0.010									
AV Pricing Value:	Terminated										Renewing										Renewing										Renewing									
Plan Category:	EPO										EPO										EPO										EPO									
Plan Type:	Shared Cost EPO Basic 2000 75										Shared Cost EPO Basic 2000 75										Shared Cost EPO Basic 2000 75										Shared Cost EPO Basic 2000 75									
Plan Name:	76168DE0430002										76168DE0490007										76168DE0500001										76168DE0500002									
Exchange Plan?	No										No										No										No									
Historical Rate Increase - Calendar Year - 2	11.45%										13.57%										10.49%										11.88%									
Historical Rate Increase - Calendar Year - 1	3.01%										2.09%										2.85%										4.19%									
Historical Rate Increase - Calendar Year 0	0.00%										-1.69%										2.70%										0.07%									
Effective Date of Proposed Rates	1/1/2017										1/1/2019										1/1/2019										1/1/2019									
Rate Change % (over prior filing)	0.00%										3.72%										2.23%										3.82%									
Can't/Not Rate Change % (over 12 mos prior)	0.00%										3.37%										3.84%										4.45%									
Proj'd Per Rate Change % (over Expir. Period)	-100.00%										6.11%										5.75%										11.19%									
Product Rate Increase %	0.00%										3.36%										4.64%										5.17%									

**Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)**

Plan ID (Standard Component ID):	Total	76168DE0430002	76168DE0490001	76168DE0490002	76168DE0490003	76168DE0490005	76168DE0490007	76168DE0490008	76168DE0490009	76168DE0490010	76168DE0490011	76168DE0490013	76168DE0490014	76168DE0490015	76168DE0500001	76168DE0500002	76168DE0500004	76168DE0510001	76168DE0510002	76168DE0510010	76168DE0510011
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$640.71	\$0.00	\$771.98	\$779.62	\$793.49	\$679.98	\$664.45	\$666.23	\$708.77	\$701.43	\$0.00	\$668.01	\$687.11	\$645.71	\$652.45	\$570.89	\$485.80	\$719.03	\$733.02	\$744.82	\$667.74
Projected Member Months	271,092	0	2,088	6,756	1,992	9,228	3,072	84	2,892	2,424	0	5,136	11,604	41,580	300	1,368	2,724	4,416	1,608	3,300	33,168

**stion III: Experience Period Information**

Plan ID (Standard Component ID):	Total	76168DE0430002	76168DE0490001	76168DE0490002	76168DE0490003	76168DE0490005	76168DE0490007	76168DE0490008	76168DE0490009	76168DE0490010	76168DE0490011	76168DE0490014	76168DE0490015	76168DE0500001	76168DE0500002	76168DE0500004	76168DE0510001	76168DE0510002	76168DE0510010	76168DE0510011
Plan Adjusted Index Rate	\$606.25	\$526.58	\$752.55	\$758.01	\$756.52	\$645.91	\$619.81	\$660.83	\$670.46	\$564.98	\$0.00	\$0.00	\$0.00	\$0.00	\$629.05	\$526.58	\$693.73	\$677.76	\$693.73	\$707.13
Member Months	246,585	124	2,677	7,278	2,108	10,216	3,042	70	3,064	2,279	42,901	0	0	0	61	933	1,684	985	1,394	745
Total Premium (TP)	\$140,403,377	\$67,038	\$1,847,264	\$5,062,772	\$1,397,785	\$6,319,317	\$1,813,235	\$37,576	\$1,869,839	\$1,346,937	\$23,177,326	\$0	\$0	\$0	\$40,879	\$434,407	\$689,526	\$646,284	\$923,645	\$534,758
EH&B Percent of TP, [see instructions]	99.91%	99.90%	99.92%	99.92%	99.92%	99.92%	99.91%	99.90%	99.91%	99.91%	99.90%	100.00%	100.00%	100.00%	99.92%	99.89%	99.87%	99.92%	99.92%	99.93%
Rate mandated benefits portion of TP that are other than EH&B	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.09%	0.10%	0.08%	0.08%	0.08%	0.08%	0.09%	0.10%	0.09%	0.09%	0.10%	0.00%	0.00%	0.00%	0.08%	0.11%	0.13%	0.08%	0.08%	0.07%
Total Allowed Claims (TAC)	\$127,209,256	\$78,011	\$1,739,718	\$4,838,950	\$967,392	\$5,159,929	\$1,283,477	\$19,794	\$1,877,063	\$732,029	\$19,079,280	\$0	\$0	\$0	\$3,215	\$267,670	\$489,642	\$481,159	\$1,189,778	\$447,462
EH&B Percent of TAC, [see instructions]	99.91%	99.93%	99.93%	99.93%	99.90%	99.91%	99.90%	99.84%	99.93%	99.86%	99.90%	100.00%	100.00%	100.00%	99.17%	99.85%	99.85%	99.91%	99.95%	99.93%
Rate mandated benefits portion of TAC that are other than EH&B	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.09%	0.07%	0.07%	0.07%	0.10%	0.09%	0.10%	0.16%	0.07%	0.14%	0.15%	0.15%	0.15%	0.09%	0.00%	0.00%	0.00%	0.00%	0.07%	0.08%
Allowed Claims (which are not the issuer's obligation: Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$17,089,868	\$26,391	\$62,314	\$292,596	\$74,622	\$523,582	\$168,258	\$2,925	\$163,022	\$93,504	\$2,731,567	\$0	\$0	\$0	\$1,938	\$91,693	\$166,765	\$85,276	\$687,340	\$100,292
Portion of above payable by HHS on behalf of insured person, as %	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Incurred claims, payable with issuer funds	\$110,119,388	\$51,620	\$1,677,404	\$4,546,354	\$892,769	\$4,636,347	\$1,115,218	\$16,869	\$1,714,042	\$638,526	\$16,347,713	\$0	\$0	\$0	\$1,277	\$175,977	\$322,877	\$395,883	\$1,002,437	\$347,170
Net amount of Reim	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk Adjustment Transfer Amount	\$1,437,654.11	\$112,186.66	\$1,159,399.91	\$1,277,838.86	\$169,871.75	\$508,637.23	\$110,949.55	\$23,565.91	\$68,120.05	\$526,299.14	\$3,890,250.35	\$0.00	\$0.00	\$0.00	\$28,441.67	\$154,303.34	\$325,514.96	\$384,310.70	\$155,565.25	\$193,022.81
Incurred Claims, PMPM	\$446.58	\$416.29	\$526.60	\$624.67	\$423.51	\$453.83	\$366.61	\$240.98	\$559.41	\$290.18	\$381.06	\$230.94	\$181.61	\$319.17	\$719.11	\$518.61	\$191.73	\$401.91	\$719.11	\$466.00
Allowed Claims PMPM	\$515.88	\$629.12	\$649.88	\$664.87	\$458.91	\$505.08	\$421.92	\$282.77	\$612.62	\$321.21	\$444.73	\$260.01	\$260.01	\$260.01	\$260.01	\$260.01	\$260.01	\$260.01	\$260.01	\$260.01
EH&B portion of Allowed Claims, PMPM	\$515.44	\$628.68	\$649.44	\$664.43	\$458.47	\$504.64	\$421.48	\$282.33	\$612.18	\$320.72	\$444.29	\$258.45	\$258.45	\$258.45	\$258.45	\$258.45	\$258.45	\$258.45	\$258.45	\$258.45

Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$140,266,970	\$0	\$1,304,254	\$4,262,799	\$1,279,790	\$5,073,541	\$1,633,261	\$45,415	\$1,650,478	\$1,373,679	\$0	\$2,792,311	\$6,460,338	\$21,735,953	\$156,109	\$626,548	\$1,066,010	\$2,571,691	\$950,890	\$1,990,536	\$17,871,936
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Risk Adjustment Transfer Amount	-\$1,058,765	\$0	-\$23,559	-\$76,229	-\$22,476	-\$104,121	-\$34,662	-\$948	-\$32,831	-\$27,350	\$0	-\$57,950	-\$130,929	-\$489,152	-\$1,385	-\$15,435	-\$30,735	-\$49,826	-\$18,143	-\$37,234	-\$374,239